trimoxazole over 3d and 4d co-trimoxazole placebo as conventional therapy. Corresponding dummy placebos in both groups. Patients of both sexes 18–75y in ambulatory multicenter setting. Primary outcome: responder rates, expressed by reduction for concentrations of bacteria from >105CFU/mL to <103C FU/mL. Secondary outcome: change in specific complaints and change in specific symptom score, duration to freedom from symptoms, safety. Statistical hypothesis of non-inferiority.

Results: 96 patients (90.6% women, median age 38.5y) were randomized (intent-to-treat, ITT), 45(46.9%) to experimental, res p. 51 (53.1%) to conventional therapy. Analysis of full set of data (per protocol, pp) was possible for 22(48.9%), resp. 29(56.9%) patients. Responder rate was 10/22(45.5%) for experimental, resp. 15/29(51.7%) for conventional therapy with a difference of –6.3% (C.I. –33.90% - 21.37%). Median time to freedom from symptoms was 7d(95% C.I.6 – 8d), resp. 4d(95%C.I.4 – 5d). There were 5(11.1%) adverse events in the experimental and 7(13.7%) in the standard group. Causal relation was assumed in 3(6.7%), resp. 5(9.8%) of these, none serious.

Conclusion: There was only a slight difference of responder rates as primary outcome, similar for secondary outcome. Due to frequent violations of the protocol in both groups, pp patients made only slightly more than one half of randomized patients. Correspondingly, the confidence interval of the difference turned out to be rather high and did not meet the biometrical hypothesis of non-inferiority. Safety was slightly better for experimental therapy. In similar future trials, better compliance has to be assured.

Contact: Rainer Stange, r.stange@immanuel.de

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Oral Presentation Session 09: Health Service Research

OS09.01

Patient Perceived Expression of Empathy from Chinese Medicine Clinicians in Hong Kong: Does Practice Modality Make a Difference?

Vincent Chung[1], Benjamin Yip[2], Ellen Yu[2], Siya Liu[2], Regina Sit[1], Albert Leung[3], Justin Wu[4], Samuel Wong[1]

[1] *Hong Kong Institute of Integrative Medicine*
[2] *JC School of Public Health & Primary Care (CUHK)*
[3] *School of Chinese Medicine, The Chinese University of Hong Kong (CUHK)*
[4] *Hong Kong Institute of Integrative Medicine, The Chinese University of Hong Kong (CUHK)*

Purpose: The aim of this study was to examine the level of empathy perceived by patients receiving care from three types of Chinese Medicine (CM) practitioners: herbalists, acupuncturists, and massage therapists; and to investigate the factors that influence levels of perceived empathy.

Methods: In this cross-sectional study, 514 patients sampled from charity and semi-public CM clinics in Hong Kong were invited to assess levels of empathy perceived during consultations, using the Chinese Consultation and Relational Empathy Measure (Chinese CARE). Multiple linear regressions were conducted to evaluate the associations between perceived levels of empathy and (i) type of CM practitioner consulted, and (ii) patients' demographic and health characteristics.

Results: The average Chinese CARE total score rated by patients consulting CM practitioners was 34.3, out of a maximum of 50. Multivariate linear regression results suggested that, after adjusting for patients' health and demographic background, acupuncturists received the highest ratings while massage therapists scored the lowest among the three modalities. Patients receiving social benefits, those with longer waiting time and those with shorter consultation duration rated significantly lower in Chinese CARE.

Conclusion: The level of empathy perceived by patients using CM is similar to results found in conventional care, in contrast to observations from international literature, where a high level of perceived empathy is a major motivator for patients to choose complementary medicine. Better ratings among acupuncturists could be attributed to their higher attention to communication prior to needle insertion, whereas such practice is not often emphasized among CM massage therapists. Education in communication skills could be included as part of continual professional development requirements for CM practitioners.

Contact: Vincent Chung, vchung@cuhk.edu.hk

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OS09.02

An IM decision matrix to guide the integration of traditional and complementary medicines when there is insufficient scientific evidence

Jennifer Hunter, Alan Bensoussan

National Institute of Complementary Medicine, University of Western Sydney

Purpose: The ongoing use of traditional and complementary medicine (T&CM), coupled with a paucity of scientific evidence, poses ongoing challenges for health policy makers, health services seeking to provide integrative medicine (IM) and those developing IM clinical guidelines. Often the only recommendations are to discuss T&CM use with patients or to undertake more research. Given that many T&CM are already in use, clearer more specific recommendations are needed even when there is insufficient scientific evidence to make a strong recommendation.

Methods: National and international guidelines on the development and evaluation of healthcare guidelines were identified and appraised. The aim was to build on these to develop a framework that would enable a comprehensive, systematic assessment of a T&CM intervention and determine whether and under what circumstances it may be integrated into pre-existing health services.

Results: The level and quality of evidence about safety, efficacy, effectiveness and economic value are not the only types of information needed to determine whether a T&CM intervention should be integrated with conventional healthcare.